



## **WHEC Update**

### **Briefing of worldwide activity of the Women's Health and Education Center (WHEC)**

January 2020; Vol. 15. No. 01

### ***Practice & Policy***

#### **Happy New Year from all of us @ the Women's Health and Education Center (WHEC)**

As we look towards the new year, let us focus on our successes, and our work together to ensure that 2020 will be a great year for everyone, everywhere! Keep your thoughts, ideas and question coming – we welcome them. Imagine not having your cellphone and computers handy to send a quick message, receive traffic updates, find your doctor's telephone number, find the information about the patient management, check a map on your way to visit a friend, or do your banking? In the not-too-distant future, we may have autonomous vehicles. Big data and artificial intelligence (AI) are leading to breakthrough in how can we treat deadly diseases. But who benefits from these innovations?

We live in a time of stunning technological wizardry, but unfortunately, not all of us benefit from it. Many have already been left behind and risk falling even further behind due to the political, economic and social benefits remain geographically concentrated, primarily in developing countries. Too often least developed countries (LDCs) remain far behind if not excluded entirely. Many have little choice beyond the use of obsolete technologies, such as those used in the garment or agricultural sectors. This is not because LDCs lack the determination or the will to catch up with the rest of the world.

One way to illustrate the challenges that LDCs are up against is to consider the scarcity of publications in peer-reviewed journals. In 2015, only 7 scientific and technical journal articles were published for every 1 million people in African LDCs. In comparison, in the member countries of the Organization for Economic Co-operation and Development, about 1,100 scientific and technical journal articles were published for every 1 million people. I am pleased to report the Women's Health and Education Center's (WHEC's) efforts to disseminate thorough its **LINK** (Learning Innovation Network for Knowledge) **Access Project** is providing free-access to all LDCs identified by UN Development Program, in reproductive health, since 2008. We thank you again for your contributions. We serve about 50,000 healthcare providers in LDCs every month. With better Internet availability and connections, we hope to increase this project/program.

The correlation between investment in research and development (R&D) and economic growth is well accepted. Simply put, the greater the investment in R&D, the broader the scope for innovation that can drive growth. Yet for most LDCs, the ratio of expenditure on R&D to gross domestic product remains low, at less than 1%. This presents a key hurdle to building competitiveness and capacity to absorb and adapt to existing state-of-the-art technologies. If we are to talk about LDCs leapfrogging to modern technologies, we will have to consider hardware as well as software issues. Although investment in technological infrastructure is a prerequisite, investing in capacity-building to adapt to existing technology is just as important.

Our plans for 2020 and for the next 5 years on new technologies, puts forward the necessary framework to proceed with our efforts, and ensure that the benefits of new technologies are put to use for equitable and sustainable development. We must avoid a head-long rush for the latest and greatest, which could result in marginalization and leave the poorest countries behind. Public-private sector partnering, and South-South cooperation can achieve, and prove that technology is not an end in itself but a valuable and inclusive development for everyone. Join our efforts and share your opinions on the **WHEC Global Health Line** (WGHL). Create an account and join the efforts to achieve SDGs by 2030.

Closing the Technology Gap in Least Developed Countries

**Rita Luthra, MD**



## Your Questions, Our Reply

How many of us will ultimately profit from this Fourth Industrial Revolution or from the green technology we hear and read about? Will the Least Developed Countries (LDCs) will benefit from innovations like robotics and artificial intelligence (AI) in medicine?

**Closing the gap and Improving the access:** Our experience and work in the development with various UN agencies revealed the challenges LDCs face experiencing delays in their efforts to eradicate poverty, achieve sustainable development and participate fully in an increasingly competitive global market. One of the root causes is found in structural limitations, as there are marked gaps between LDCs and other countries in such areas as science, technology and innovation (STIs). If these gaps are not closed sooner rather than later, LDCs will not be able to achieve the 2030 Agenda and its Sustainable Development Goals (SDGs). This will also mean that we will not have reached our objective of “leaving no one behind.”

There are currently 47 countries on the list of LDCs, comprising more than 800 million people (about 12% of world population), but accounting for less than 2% of global GDP and about 1% of the global trade in goods.

Health is a key area in which innovations in mobile serves have had important development impacts. Our task lies in supporting LDCs in order to make access to technology and knowledge available to everyone, and to unleash the potential of people's creativity and ingenuity. Difficulties are there to be overcome. Lagging behind does not need to be an eternal curse for LDCs. They do not need to remain tied to outdated and inefficient technologies. A critical first step would be to recognize and act on the need to support this group of countries, to help them catch up. A helping hand has been extended through WHEC's commitment with the United Nations and the World Health Organization to achieve 2030 Agenda.

**The Technology Bank for the Least Developed Countries** began its operations in September 2017 with the signing of the host country agreement between the United Nations and Turkey. Its objective is to support LDCs in building their STI capacity; foster national and regional innovation ecosystems; support homegrown research and development; facilitate market access; build capacity in the area of intellectual property rights; and assist with the transfer of appropriate technologies. The establishment of the Technology Bank also marks the achievement of the SDG target 17.8, the first SDG target to be met.

Among the first activities the Technology Bank undertook was the preparation of baseline STI reviews and technology needs assessment in five LDCs – Guinea, Haiti, the Sudan, Timor-Leste and Uganda – in cooperation with other United Nations Organizations. In addition, the Bank has already started working on the promotion of “digital access to research,” teaming up with Research-4Life, a public-private partnership that has been active in more than 100 lower-income countries, including all LDCs, since 2002.

With the signing of the host country and contribution agreements, the Turkish Government has committed to provide the Bank with \$ 2 million annually for five years, and also provide personnel and premises in Gebze, which is located outside of Istanbul. It is also planning to implement joint projects with the Bank. It will also serve as a knowledge hub, connecting needs, resources and actors; facilitate the access of LDCs to existing technology-related projects; and foster joint initiatives with relevant organizations and the private sectors.

We strongly believe that this Bank will help fill the technology gap and it will also speed the structural transformation in the LDCs.



## United Nations at a Glance

### Permanent Mission of the Republic of Indonesia to the United Nations



**Indonesia became United Nations' Member State on 28 September 1950**

**Indonesia**, officially the **Republic of Indonesia**, is a country in Southeast Asia, between the Indian and Pacific oceans. It is the world's largest island country, with more than 17 thousand islands, and at 1,904,569 square kilometers (735,358 square miles), the 14<sup>th</sup> largest by land area and 7<sup>th</sup> in the combined sea and land area. With over 261 million people, it is the world's 4<sup>th</sup> most populous country as well as the most populous Muslim-majority country. Java, the world's most populous island, is home to more than half of the country's population.

The sovereign state is a presidential, constitutional republic with an elected legislature. It has 34 provinces, of which five have special status. Jakarta, the country's capital, is the second-most populous urban area in the world. The country shares land borders with Papua New Guinea, East Timor, and the eastern part of Malaysia. Other neighboring countries include Singapore, Vietnam, the Philippines, Australia, Palau and India's Andaman and Nicobar Islands. Official language: Indonesian; Religion: 87.2% Islam; over 300 ethnic groups; over 700 languages; Government: Unitary presidential constitutional republic. The country has abundant natural resources like oil and natural gas, coal, tin, copper, gold, and nickel, while agriculture mainly produces rice, palm oil, tea, coffee, cacao, medicinal plants, spices and rubber. China, the United States, Japan, Singapore and India are Indonesia's major trading partners.

During the decolonization of Asia after World War II, Indonesia achieved independence in 1949 following an armed and diplomatic conflict with the Netherlands.



The Indonesian interests at the United Nations and other international organizations in Geneva were originally represented by the Indonesian Ambassadors in Bern and Bonn. In April 1963, the Indonesian Government appointed its representative to the General Agreement on Tariffs and Trade in Geneva, and due to the increasing involvement of Indonesia in international affairs, the need to establish a permanent mission of Geneva became imperative. The responsibilities of the Indonesian Mission in representing the Indonesian interests in multilateral forums in Geneva includes the following: international security, disarmament, human rights, humanitarian affairs, environment, labor, international economic cooperation and development, international trade, South-South cooperation, transfer of technology, intellectual property rights, telecommunications, health, and meteorology.

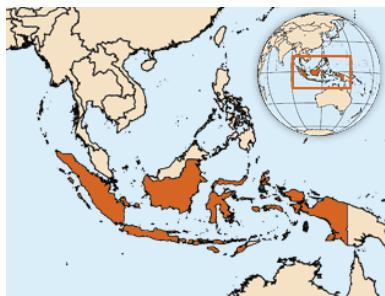
The Indonesian Mission is also actively involved in the deliberations on common interests and position of several international organizations, to which Indonesia belongs and is committed, i.e. ASEAN through ASEAN Geneva Committee, the G-15, G-33, G-20, ITCB, and Non-Aligned Movement and the Organization of Islamic Conference.

Indonesia attaches great importance to advancing national, regional and global progress in the key areas of the economy, development, and the environment. The Permanent Mission of Indonesia continues to play an active role in global discussions and works across various international organizations in Geneva exchanging views and ideas about how to effectively manage today's economic, development and environmental challenges.

Details: <https://mission-indonesia.org/>

# Collaboration with World Health Organization (WHO)

## WHO | Indonesia



### Health Situation

In line with SDG goal 3.3 Indonesia is committed to end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases by 2030. Emerging and re-emerging communicable diseases place immense strain on health systems, so concerted efforts are required to respond rapidly to urgent needs and to strengthen the development of effective disease control programmes including zoonotic diseases. It has been realized that while emphasizing improved access to services, equal attention also needs to be given to ensure quality, comprehensive and integrated health services for women, children and adolescents. Nutrition, a critical common factor in both mortality and morbidity, remains a key public health problem; further triggered by inadequate food safety and quality. Public health risks posed by tobacco, unhealthy diets, lack of physical activity, unsafe water, inadequate sanitation, traffic congestion, and use of solid fuels for cooking place further demands on the need for integrated health promotion and healthy settings. The linkage between climate change and human health requires increased advocacy, and the health sector needs to be better prepared to mitigate and adapt to climate change effects and impacts. Building on the experience gained during the emergency response to the tsunami and subsequent quakes, it is equally important to further develop national capacity for emergency preparedness and response to public health needs.

### Health Policies and Systems

Indonesia is engaged in the process of ensuring effective decentralization and functioning of the health system while at the same time responding to urgent health needs brought about by natural disasters as well as emerging and re-emerging communicable and non-communicable diseases. In line with the national development plan, Indonesia has developed its longer-term Health Strategy document 2005-2025. The third medium-term health strategy 2015-2019 is ongoing. National strategic planning document 2011-2025 on HRH is in place. Implementation of universal health coverage (UHC) through national health insurance system (SJSN) is in place since January 2014 with the aim of reaching the entire population of Indonesia by 2019. Prevention of non-communicable diseases (NCDs) is being given special priority and a national policy, strategy and action plan is under implementation. Increased level of maternal mortality is a great concern and the government is putting emphasis on improving access and quality of maternity services.

### Cooperation For Health

The international community has shown continued interest in health development in Indonesia. The two largest bilateral grant providers are USAID and AusAID, who account for nearly two-third of all grants given. Since 2003, the Global Fund to fight Aids, Tuberculosis and Malaria (GFATM) started supporting Indonesia. WHO has displayed a leadership role in assisting the Ministry of Health in the preparation of GFATM proposals. WHO is also assisting the Ministry of Health in "making the money work" by actively participating in the Country Cooperation Mechanism as well as providing technical support to the TB and HIV programmes through the "intensified support and action" programmes, which GFATM funds through WHO to provide technical assistance. Support from Global Alliance for Vaccine Initiative and Immunization (GAVI) country has been able to introduce new life saving vaccines such as Pentavalent, Measles Rubella, IPV . Indonesia has graduated from GAVI support in 2016. Furthermore, currently there are 25 UN agencies, funds and programmes operating in Indonesia. WHO is a member of the UN country team, and actively involved in the UN Partnership and Development Framework (UNPDF), a common strategic framework for operational activities of the UN system at country level. WHO is currently the lead agency for a number of UNPDF outputs related to improved health and nutrition.

Details: <https://www.who.int/countries/idn/en/>

# Bulletin Board



WHEC  
Helping Women World-Wide

## Access to Information Policy

### WHEC Policy on Access to Information

The Women's Health and Education Center's (WHEC's) Policy on Access to Information has enabled the organization to become global leader in transparency and has made a groundbreaking change in how the WHEC makes information available to the public. Now the **WHEC Global Health Line (WGHL)** and its media channels (*see the links below for the details*) are available in 227 countries and territories. It has provided the public access to more information than ever before – information about research and best practices in maternal and child health, projects under preparation, projects under implementation, analytic and advisory activities, and its administrative activities.

Underlying policy is the principle, that WHEC will disclose any information in its possession, that is not on its list of exceptions. The policy also outlines a clear process for making information publicly available and provides a right to appeal if information-seekers believe they were improperly or unreasonably denied access to information or there is a public interest case to override an exception that restricts access to certain information.

#### List of Exceptions

In accordance to Access to Information Policy (AIP), the WHEC **does not** provide access to documents that contain or refer to the information listed below:

1. Personal Information;
2. Communication of Governors and/or Executive Directors' Offices;
3. Ethics Committee;
4. Attorney-Client Privilege;
5. Security and Safety;
6. Information Restricted Under Separate Disclosure Regimes and Other Investigative Information;
7. Information Provided by Member Countries or Third Parties in Confidence;
8. Corporate Administrative Matters;
9. Deliberative Information;
10. Financial Information (Forecasts, Analysis, Transactions, Banking and Billing).

The Access to Information Policy (AIP) applies to **WGHL**. This policy is based on five principles:

1. Maximizing access to information;
2. Setting out a clear list of exceptions;
3. Safeguarding the deliberative process;
4. Providing clear procedures for making information available; and
5. Recognizing requesters' right to an appeal process.

Please review details of **WGHL** and its **LINK** (Learning, Innovation Network for Knowledge) **Access Project**, available @ [http://www.womenshealthsection.com/content/cme/WHEC\\_Global\\_Health\\_Line.pdf](http://www.womenshealthsection.com/content/cme/WHEC_Global_Health_Line.pdf)

*To be continued...*



## Collaboration with UN University (UNU)

UNU-WIDER (*World Institute for Development Economics Research*)  
Expert Series on Health Economics

### Labor migration in Indonesia and the health of children left behind

Economic research on labor migration in the developing world has traditionally focused on the role played by the remittances of overseas migrant labor in the sending country's economy. Recently, due in no small part to the availability of rich microdata, more attention has been paid to the effects of migration on the lives of family members left behind.

This paper examines how the temporary migration of parents for the sole purpose of work affects the health outcomes of children left behind using longitudinal data from the Indonesian Family Life Survey (IFLS). The anthropomorphic measure of child health used, height-for-age, serves as a proxy for stunting. The evidence suggests that whether parental migration is beneficial or deleterious to child health depends on which parent moved. In particular, migration of the mother has an adverse effect on child height-for-age, reducing height-for-age Z-score by 0.5 standard deviations. This effect is not seen for father's migration.

Child weight-for-age Z-score (WAZ) is not statistically significantly correlated with either maternal or paternal migration. One possible explanation for the absence of a significant relationship between parent's migration and child weight is the composite nature of weight-for-age, which complicates interpretation; although weight-for-age is the most common anthropomorphic indicator used worldwide, it tends to conflate weight-related and height-related growth deficits or excesses.

The migration of the mother for work may have a net negative impact on height-for-age, a widely used anthropometric measure of health for children. On average, having a mother who migrated for work at least once between 2000 and 2007 pushed children further below the average height for their age and sex by half a standard deviation. Coupled with the fact that the average Indonesian child is underweight relative to the global mean, this is a cause of concern.

The author finds no evidence of such an effect on height-for-age from migration of the father. In conclusion, this study reveals the possibility that leaving a child behind for economic opportunity can have a net negative effect on the child's health if it is the mother who makes the move.

Publisher: UNU-WIDER; Author: James Ng; Sponsors: The Institute is funded through income from an endowment fund with additional contributions to its work program from Finland, Sweden, and the United Kingdom as well as earmarked contributions for specific projects from a variety of donors.

*Details of the paper can be accessed from the link of UNU-WIDER on CME Page*  
<http://www.WomensHealthSection.com/content/CME>



## United Nations Girls' Education Initiative (UNGEI)

*The Effort to Advance the Global Strategy (continued)*

### Indonesia: Background

Indonesia's population grows by about 3 million each year and has high urban population growth, straining its cities capacity to provide housing and social services. The country continues to suffer from a prolonged economic and monetary crisis and serious concerns remain. Among these are: the impact of decentralization on the poor, inadequate allocation of resources from central level and the absence of minimum standards or regulations for basic services. Conflict and violence across the archipelago has harmed, traumatized and displaced children and women on a massive scale. The vast majority of Internally Displaced Persons (IDPs) are women and children and is estimated to be some 1.4 million.



#### School construction lifts children's spirits in Banda Aceh, Indonesia

For more than a year, students school in a temporary compound built with funding from UNICEF while a permanent structure is being built next door. The first of 300 schools to be built by UNICEF in Aceh, which was devastated in the December 2004 tsunami, and on the North Sumatran island of Nias, hit by a major earthquake in March 2005. UNICEF has committed \$ 90 million to develop education systems in the two struggling Indonesian provinces. Part

of that funding will be used to make new schools more earthquake-resistant – and to make them models of 'child-friendly schools' that act in the interests of the whole child, including his or her health, nutrition and overall well-being.



#### Determined to come to classes

The challenge we are facing is how to involve the community and encourage them to participate in education and school management. The concept of a child-friendly school must be taught to the local community, as most people think that education only happens at school. Through this concept NGOs ask them to think that everyone is responsible for the children's education. The impending arrival of a permanent school has lifted the mood of students in Banda Aceh. The students are determined to class every morning.

#### Development of the young helps development of a nation

One of the government's initiatives is the Early Childhood Education and Development Program. Through collaboration with the World Bank and the Kingdom of the Netherlands, this program has provided early childhood education for poor families since 2006. The programs hopes that by that by 2020, it will reach some 738,000 children in 3,000 villages stretched across 50 districts.

In addition to education, the program also provides health check-ups, vitamins, knowledge of practices related to healthy living, and knowledge of family values. The program continues to promote the important role that parents, community, and local governments play in the development of a child. It also stresses the importance of promoting services for families with children under the age of 3.

Details: [http://www.ungei.org/infobycountry/indonesia\\_853.html](http://www.ungei.org/infobycountry/indonesia_853.html)

*To be continued....*

## Two Articles of Highest Impact, December 2019

*Editors' Choice – Journal Club Discussions*

*Fully open-access with no article-processing charges*

*Our friendship has no boundaries. We welcome your contributions.*

1. Sudden Infant Death Syndrome;  
<http://www.womenshealthsection.com/content/obsnc/obsnc008.php3>  
WHEC Publications. Funding: WHEC Global Initiatives are funded by a grant from an anonymous donor. Join us at WHEC Global Health Line for discussion and contributions.
2. Chronic Kidney Disease and Pregnancy;  
<http://www.womenshealthsection.com/content/obsmd/obsm020.php3>  
WHEC Publications. Funding: WHEC Global Initiatives are funded by a grant from an anonymous donor. Join us at WHEC Global Health Line for discussion and contributions.

### Partnership for Maternal, Newborn & Child Health (World Health Organization) PMNCH Member

**Worldwide service is provided by the WHEC Global Health Line**



### From Editor's Desk

*WHEC Projects under Development*



### Knowledge Transfer

e-Health platforms like <http://www.WomensHealthSection.com> contribute to the kind of knowledge that not only enriches humanity, but also provides the wellspring of ideas that become the technologies of the future. **Knowledge Transfer** group at the Women's Health and Education Center (WHEC) aims to engage with experts in science, technology and industry in order to create opportunities for the transfer of WHEC's Best Practices and know-how. The ultimate goal is to accelerate innovation and maximize the global positive impact of WHEC

on societies around the world. This is done by promoting and transferring "the knowledge that touches patients" and human capital development at WHEC. The Working Group at WHEC promotes the positive impact of fundamental evidence-based information and ethical research on societies.

The WHEC Knowledge Transfer group provides a service to:

- Industry: whether you work in healthcare industry, large or small company, or a start-up, we can help you incorporate our projects/initiatives or know-how into your business.
- The WHEC Global Community: we help you make the most of the latest evidence-based information that you can utilize in your day-to-day work.
- Academic partners in healthcare and other fields: we help you identify solutions from our database for use in your projects.

## Our Activities and Services

WHEC actively invests in many activities to accelerate the innovation process. The WHEC Knowledge Transfer group provides advice, support, training, networks and infrastructure to ease the transfer of WHEC's know-how to healthcare industry and eventually to the society. These activities are all fundamentally based on WHEC's Open Innovation strategy, and reach out to WHEC personnel, industry, entrepreneurship and research collaborators.

### Intellectual Property Management – Overview

Intellectual property (IP) lies at the core of transferring unique WHEC knowledge to its healthcare and other partners. It enables WHEC to claim being at the origin of a novel technology and be recognized with products or services based on its unique contributions reach society at large. IP is not to be equated with patents, which represent only a very small fraction of WHEC's knowledge transfer activities.

**Research & Development collaborations:** WHEC has a well-established tradition of collaboration with UN Agencies and academic/research institutes, with the objective of generating evidence-based patient management and best-practices results have a potential for commercial exploitation. In this framework, the research goals are agreed and achieved through a collaborative contribution of technologies and/or resources.

Collaborative R&D projects can be developed in WHEC's areas of technical expertise, such as Maternal and Child Health, from planning to implementation.

Join the efforts!

We welcome everyone.

## NEWS flash! In The News

### Hunger & Health



The number of undernourished people in the world has been on the rise since 2015, reaching an estimated 821 million in 2018. For two decades, leading up to the millennium, global demand for food increased steadily, along with growth in the world's population, record harvests, improvements in incomes, and diversification of diets. As a result, food prices continued to decline through 2000. But beginning in 2004, prices for most grains began to rise. Although there was an increase in production, the increase in demand was greater.

### Food and Sustainable Development Goals (SDGs)

Food is also at the core of SDGs, the UN's development agenda for the 21<sup>st</sup> century. The second of the UN's 17 SDGs is to "End hunger, achieve food security and improved nutrition and promote sustainable agriculture." Achieving this goal by the target date of 2030 will require a profound change of the global food and agriculture system. Some of the components of this goal are:

- Ending hunger, and ensuring access by all people to safe, nutritious food;
- Ending all forms of malnutrition;
- Doubling the agricultural productivity and incomes of small-scale food producers;

- Ensuring sustainable food production systems;
- Increasing investment in agriculture;
- Correcting and preventing trade restrictions and distortions in world agricultural markets;
- Adopting measures to ensure the proper functioning of food commodity markets.

## Hunger in Numbers

The latest available estimates indicate that about 821 million people in the world are undernourished in 2018. That means 1 in 9 people do not get enough food to be healthy and lead an active life. Hunger and malnutrition are in fact the number one risk to health worldwide – greater than AIDS, malaria and tuberculosis.



## Measuring global progress

The year 2015 marked the end of the monitoring period for the two internationally agreed targets for hunger reduction:

1. The first was the World Food Summit (WFS) goal. At the WFS, held in Rome in 1996, representatives of 182 governments pledged “...to eradicate hunger in all countries, with an immediate view to reducing the number of undernourished people to half their present level no later than 2015.”
2. The second was the formulation of the First Millennium Development Goal (MDG 1), which includes among its targets “cutting by half the proportion of people who suffer from hunger by 2015.”

## Zero Hunger Challenge

The Zero Hunger Challenge was launched to inspire a global movement towards a world free from hunger within a generation. It calls for:

- 100% increase in smallholder productivity and income;
- Zero loss or waste of food.

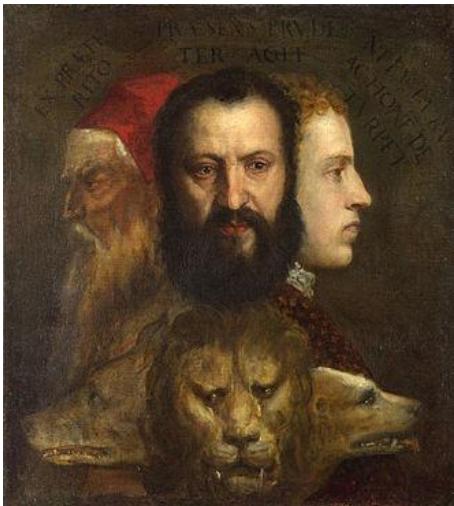
## The state of food security and nutrition in the world (2019)

Details: <http://www.fao.org/state-of-food-security-nutrition/en/>

# Art & Science

*Art that touches our soul*

## The *Allegory of Prudence* by Titian



The *Allegory of Prudence* is an oil-on-canvas painting attributed to the Italian painter Titian and his assistants, dated around 1565 to 1570. It depicts three human heads, representing youth, maturity, and old age, above three animal heads. Both sets of heads face in different directions, which reflects the concepts of past, present and future. Scholars believe that the first of the three human heads is an elderly Titian, while the other two are his son Orazio Vecellio and his young nephew Marco Vecellio, both of whom lived and worked with him.

A barely visible inscription across the top of the painting, from which the work acquired its present name, reads *Ex praeterito praesens prudenter agit, ni futura actione deturpet* (Latin for 'From the experience of the past, the present acts prudently, lest it spoil future actions').

This theme is repeated in the animal heads: an animal with three heads (wolf-lion-dog) to represent the passage of time (Past-Present-Future) is associated with Serapis in Macrobius' *Saturnalia*, and associated with Apollo by Petrach, and the iconography is repeated.

The painting is now in the collection of the National Gallery in London. Dimensions: 76.2 cm X 68.6 cm (30 in X 27 in). the painting was present to the National Gallery in 1966 by the art dealer David Koetser and his wife Betty.

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*Monthly newsletter of WHEC designed to keep you informed on  
The latest UN and NGO activity*

<http://www.WomensHealthSection.com>

